PRINT CLEARLY.

SW NE WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

95.21186 38.98063 NW SE SW ? 171

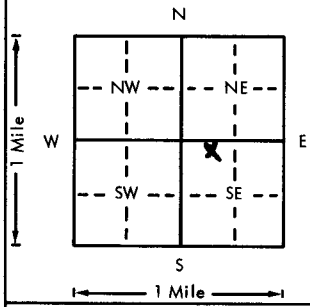
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Douglas	NE 1/4 NW 1/4 SE 1/4	29	T 12 S	R 20 E/W

2. Distance and direction from nearest town or city:

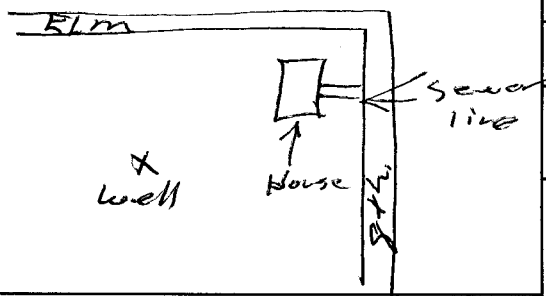
Street address of well location if in city: 780 Elm St.

3. Owner of well: Leroy Alexandra
R.R. or street: 780 Elm St.
City, state, zip code: Lawrence

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8 in. Completion date ____
Well depth 53 ft. 6-29-77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC CME Weight 2.74 lbs./ft.
Dia. 5 in. to 53 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
Top Soil	0	2
Brown Silt	2	3
Brown Fine Silt	3	11
Brown Silty Clay	11	16
Brown Coarse Sand	16	20
Brown Med. Gravel	20	31
Gray Clay	31	32
Gray Coarse Sand	32	53
Gray Shale	53	
	—	

(Use a second sheet if needed)

10. Screen: Manufacturer's name MPI Pumped
Type PVC Dia. 5"
Slot/gauze .020 Length 10
Set between 43 ft. and 53 ft.
____ ft. and ____ ft.
Gravel pack? YES Size range of material .030-.010

11. Static water level: mo./day/yr.
30 ft. below land surface Date 6-29-77

12. Pumping level below land surfaces: Air Test
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 30 GPM g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion: Top Coped
__ Pitless adapter 24 Inches above grade

15. Well grouted? YES
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Sewer
ft. 100 Direction East Type Line
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation: 820

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks: Owner will construct cement slab around well.

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
STRADER Drlg Co Inc 182
Business name License No.
Address Holton, KS
Signed Dale Ashren Date 6-30-77
Authorized representative

T 12 R 20 W 29 Sec NE 1/4 NW 1/4 SE 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5